

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/01/99

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		(1)					61						
12		(1)					62						
13	1						63						
14	1						64						
15	1						65						
16		1					66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23		2					73						
24		(1)					74						
25	1						75						
26	1						76						
27	1						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						